The "Family" in Family Physician

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Monday

BF is a middle-aged man who runs a small moving company. A patient of mine who is moving out of state recommended that BF should visit with me to review his issues with anxiety. BF was treated for many years with benzodiazepines by his former physician, but stopped therapy because his business was suffering. Even though he did a good job, clients were unnerved by his lethargy and slurred speech. Rumor had it that he was an alcoholic, and, understandably, this was bad for business. Without medication, he appeared very energetic and his reputation was restored, but he told me that he was a miserable fellow. He could not sleep. He was preoccupied with small financial details. He could not let a move happen without his personal supervision because he feared small errors. His employee turnover had increased because of "job stress." In fact, he told me that he could not let a financial statement go without recalculating the figures 7 times. He couldn't let a shipment go without consulting the inventory 7 times. (He apparently had to check *everything* 7 times.) One might say that compulsivity was a key to both his success and his misery. Well, now that he is taking 60 mg of paroxetine daily, he trusts his proven lieutenants with delegated duties, checks things only 2 or 3 times, and gets a full night's sleep. Now, about this piano that I have that needs moving. . . .

Tuesday

MR is a charming 70-year-old patient who had been seeing one of my partners, but also utilized the Veterans Affairs system for medical care. He lives midway between the two. On numerous occasions, his wife expressed concern regarding anxiety medications prescribed by both clinics, but MR was skillful in manipulating everyone involved, and bureaucracy made the sharing of medical records impossible. A few weeks ago, however, it was discovered that MR had 2 other physicians under his spell—his wife apparently was not aware of these secondary sources of medication. Well, to make a long story short, Veterans Affairs is now assuming complete care of MR, which has included a brief inpatient stay. Mrs. R continues to use our office and thanks us on every visit for "getting tough" with her husband.

Wednesday

JP is in to see me today. Last time I saw him, about a year ago, his name was GH. He has decided to take the name of his younger brother, who committed suicide 6 months ago. He feels that he is somewhat responsible for that incident. Because his grandfather and father both killed themselves, he feels that he should have taken steps to prevent his brother's actions. JP/GH also has a prominent tattoo of a religious icon on his arm and a well-worn Bible in his

hand. These are both new accoutrements, along with his appellation. Why is he here today? "Doc, I haven't slept in 3 days. When I have slept, I have been tormented with dreams of my brother and father." The flash he then saw was not a hallucination but the speed in which I had arranged for psychiatric consultation later that morning. For all these symptoms, he was remarkably composed and showed good insight. I called my friendly neighborhood psychiatrist later that day and found that JP complied with the referral and has begun both cognitive and pharmacologic therapy. The psychiatrist diagnosed JP with bipolar disorder and prescribed divalproex. For my part, I received a "thank you" for my many "interesting" referrals.

Thursday

MS is a 40-year-old physical education teacher. Last fall, she had been in to consult about her fibromyalgia. A former professional golfer, she no longer participated in any of her once-loved activities because she "hurt all over." In fact, she spent most of the weekend in bed, and her principal was beginning to grumble about her absenteeism. After completing an unremarkable physical and laboratory examination, I started her on a home exercise regimen with an excellent local physical therapist. Three months and 187.5 daily mg of venlafaxine later, she has noted significant, but not complete improvement. Interestingly, once she crossed the 150-mg threshold, she met with improvement. I am interested to see if she continues to improve on this dose, or if next time I will be compelled to titrate further.

Friday

DP is a 42-year-old woman. A bank examiner, she had the realization a month or so ago that she had no meaningful personal relationships. She is divorced. Her teenage son makes a rare appearance in a blur on his way to his bedroom. She maintains a home in a middle-class neighborhood that she sees only from her car window. A self-proclaimed workaholic, she hasn't had a vacation in 7 years. Understandably, her loneliness was getting her down. She had taken some St. John's Wort and perceived an improvement and was asking me today if there was something else that she could try. After a 20-minute conversation, I had told her that there was probably no quick-fix, but suggested she take a week or two of her accumulated 18 weeks of vacation while we try some fluoxetine. At the same time, I suggested that she consider some small planned activities with her son—an opportunity to get to know him beyond his latest shocking counterculture t-shirt. Additionally, she is going to visit with the pastoral counselor at her infrequently attended church to discuss ways that she could work on establishing ties to her community.

Unfortunately, there is no easy prescription for loneliness, and this seems to be a recurring theme. Our automobile-centric society appears to have spawned a generation of 2-worker households, driving to work in the morning and back to the house on the cul-de-sac in the evening, with day care stops on the way. Information is exchanged via e-mail. Dinner is a delivered pizza or a prepared meal picked up after a call ahead. Families don't share meals together because schedules conflict or because of lack of interest. Teenagers have more contact

with their computers than with their fathers or mothers. Neighbors know each other by the cars the others drive rather than from conversations on sidewalks (which frequently don't exist). What is the answer? I don't know. What I do know is that I am beginning to take renewed interest in the "family" part of family physician. Maybe that is a start.

Editor's note: Dr. Wolff is a board-certified family physician in private practice in Huntersville/Davidson, North Carolina. He finished his family practice residency in 1997. He has graciously consented to share stories from the trenches of primary care. While his practice diary is taken from actual patient encounters, the reader should be aware that some medication references may represent off-label uses. We at the *Companion* are certain that these vignettes will inform, entertain, challenge, and stimulate our readers in their effort to address behavioral issues in the everyday practice of medicine.